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|  |   |   |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
|--|---|---|--------------------|---|----------------------------------|---------------------------------------|------------------------|------------|----------------------------|-----------|---|---|---|--------------|------------------------|--|------------------------|------------------------|---|-------|-----------|----------------------------------|---------------|------------------------|--|------------------------------|-------|---|---|--------|--|----------|----------|--|-------|--------|--------|-------|--------|----|-----------|--|--|------------|------------|-------------|--|--|--|-----------|--------------------|--|--------------------|----------|--|--|--|--|--|--|-----------|--------------------|----|--------------------|----------|--|--|--|--|--|--|--|--|--|--|--|------------|------------|------------|-----------|---|---|------------------|-----------|------------------------|-----------|------------------------|------------------------|-----|-------|-------|-----|--------|----|--------|------------------------------|-----|-------|-------|-----|--------|----|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------|--------------------|----|--------------------|----------|--|--|--|--|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875  |   |   |                    | Application or Docket Number<br><b>10/576,886</b> | Filing Date<br><b>04/24/2006</b> | <input type="checkbox"/> To be Mailed |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| <b>APPLICATION AS FILED – PART I</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; padding: 5px;">(Column 1)</td> <td style="width: 33%; text-align: center; padding: 5px;">(Column 2)</td> <td style="width: 33%; text-align: center; padding: 5px;">OTHER THAN<br/>SMALL ENTITY</td> </tr> <tr> <td style="text-align: center; padding: 5px;">FOR</td> <td style="text-align: center; padding: 5px;">NUMBER FILED</td> <td style="text-align: center; padding: 5px;">NUMBER EXTRA</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> BASIC FEE<br/>(37 CFR 1.16(a), (b), or (c))</td> <td style="text-align: center; padding: 5px;">N/A</td> <td style="text-align: center; padding: 5px;">N/A</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> SEARCH FEE<br/>(37 CFR 1.16(k), (l), or (m))</td> <td style="text-align: center; padding: 5px;">N/A</td> <td style="text-align: center; padding: 5px;">N/A</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> EXAMINATION FEE<br/>(37 CFR 1.16(o), (p), or (q))</td> <td style="text-align: center; padding: 5px;">N/A</td> <td style="text-align: center; padding: 5px;">N/A</td> </tr> <tr> <td style="text-align: center; padding: 5px;">TOTAL CLAIMS<br/>(37 CFR 1.16(i))</td> <td style="text-align: center; padding: 5px;">37 minus 20 =</td> <td style="text-align: center; padding: 5px;">* 17</td> </tr> <tr> <td style="text-align: center; padding: 5px;">INDEPENDENT CLAIMS<br/>(37 CFR 1.16(h))</td> <td style="text-align: center; padding: 5px;">4 minus 3 =</td> <td style="text-align: center; padding: 5px;">* 1</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> APPLICATION SIZE FEE<br/>(37 CFR 1.16(s))</td> <td colspan="2" style="padding: 5px;">If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))</td> <td colspan="2" style="padding: 5px;"></td> </tr> </table> <p style="margin-left: 20px;">* If the difference in column 1 is less than zero, enter "0" in column 2.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;">TOTAL</td> <td style="width: 50%; text-align: center; padding: 5px;">TOTAL</td> </tr> <tr> <td style="text-align: center; padding: 5px;">X \$ =</td> <td style="text-align: center; padding: 5px;">X \$ =</td> </tr> <tr> <td style="text-align: center; padding: 5px;">TOTAL</td> <td style="text-align: center; padding: 5px;">TOTAL</td> </tr> <tr> <td style="text-align: center; padding: 5px;">OR</td> <td style="text-align: center; padding: 5px;">OR</td> </tr> <tr> <td style="text-align: center; padding: 5px;">X \$50 =</td> <td style="text-align: center; padding: 5px;">X \$200 =</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><b>850</b></td> <td style="text-align: center; padding: 5px;"><b>200</b></td> </tr> <tr> <td style="text-align: center; padding: 5px;"><b>1050</b></td> <td style="text-align: center; padding: 5px;"></td> </tr> </table>  |   |   |                    |   |                                  |                                       | (Column 1)             | (Column 2) | OTHER THAN<br>SMALL ENTITY | FOR       | NUMBER FILED                              | NUMBER EXTRA                                | <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c)) | N/A          | N/A                    | <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m)) | N/A                    | N/A                    | <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q)) | N/A   | N/A       | TOTAL CLAIMS<br>(37 CFR 1.16(i)) | 37 minus 20 = | * 17                   | INDEPENDENT CLAIMS<br>(37 CFR 1.16(h)) | 4 minus 3 =                  | * 1   | <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |        | <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) |          |          | TOTAL  | TOTAL | X \$ = | X \$ = | TOTAL | TOTAL  | OR | OR        | X \$50 =   | X \$200 =  | <b>850</b> | <b>200</b> | <b>1050</b> |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| (Column 1)   | (Column 2)  | OTHER THAN<br>SMALL ENTITY                  |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| FOR  | NUMBER FILED  | NUMBER EXTRA                                |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))  | N/A   | N/A   |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))   | N/A   | N/A   |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))  | N/A   | N/A   |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))   | 37 minus 20 =   | * 17  |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))   | 4 minus 3 =   | * 1   |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
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| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))   |   |   |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| TOTAL  | TOTAL   |   |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| X \$ =   | X \$ =  |   |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| TOTAL  | TOTAL   |   |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| OR   | OR  |   |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| X \$50 =   | X \$200 =   |   |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| <b>850</b>   | <b>200</b>  |   |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| <b>1050</b>  |   |   |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
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| (Column 1)   | (Column 2)  | (Column 3)                                  |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
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| <b>08/12/2008</b>  |   |   |                    | RATE (\$)   | ADDITIONAL<br>FEE (\$)           | RATE (\$)                             | ADDITIONAL<br>FEE (\$) |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
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| (Column 1)   | (Column 2)  | (Column 3)                                  |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| AMENDMENT  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA   | RATE (\$)   | ADDITIONAL<br>FEE (\$)           | RATE (\$)                             | ADDITIONAL<br>FEE (\$) |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| Total (37 CFR 1.16(i))   | * 3   | Minus                                       | ** 37              | = 0   | X \$ =                           | OR                                    | X \$ =                 |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| Independent (37 CFR 1.16(h))   | * 2   | Minus                                       | *** 4              | = 0   | X \$ =                           | OR                                    | X \$ =                 |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))   |   |   |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))   |   |   |                    |   |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |
| AMENDMENT  | TOTAL ADD'L<br>FEE  | OR  | TOTAL ADD'L<br>FEE | <b>0</b>  |                                  |                                       |                        |            |                            |           |   |   |   |              |                        |  |                        |                        |   |       |           |                                  |               |                        |  |                              |       |   |   |        |  |          |          |  |       |        |        |       |        |    |           |  |  |            |            |             |  |  |  |           |                    |  |                    |          |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |  |  |  |  |  |  |  |            |            |            |           |   |   |                  |           |                        |           |                        |                        |     |       |       |     |        |    |        |                              |     |       |       |     |        |    |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |           |                    |    |                    |          |  |  |  |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**  
*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

Legal Instrument Examiner:  
**/DAVID HAUGHTON/**